

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
DEVIN NUNES CAMPAIGN COMMITTEE

A. Full Name (Last, First, Middle Initial) STEPHANIE AMARAL	Transaction ID: SB17.15091 Date of Disbursement
Mailing Address 362 VALLEY VIEW DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 9 / 2 0 0 8</div> </div>
City EXETER State CA Zip Code 93221	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL	<div> <div>147.45</div> </div>
Candidate Name	<div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) AT&T - PAYMENT CENTER	Transaction ID: SB17.15071 Date of Disbursement
Mailing Address PAYMENT CENTER	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 2 8 / 2 0 0 8</div> </div>
City SACRAMENTO State CA Zip Code 95887-0001	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE EXP: TELEPHONE	<div> <div>163.41</div> </div>
Candidate Name	<div> <div>001</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) BANK OF AMERICA	Transaction ID: SB17.15045 Date of Disbursement
Mailing Address 1900 K STREET, NW 7th Floor, suite 710	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 8</div> </div>
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement EVENT EXP: Purchase of tickets	<div> <div>2700.00</div> </div>
Candidate Name	<div> <div>007</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3010.86

TOTAL This Period (last page this line number only)